

MASON POLICE DEPARTMENT PROPERTY CHECK

Person Requesting Property Check:

Name _____ Date Leaving _____
 Address _____ Date Returning _____

Special Information

Contact Person _____ Phone # _____
 Contacts Address _____ Has key Yes No

<u>Light on Timers</u>	<u>Yes</u>	<u>No</u>	<u>Times</u>	<u>On</u>	<u>Off</u>
Upstairs	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
Living Room	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
Bedroom(s)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
Bathroom(s)	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
Basement	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
Garage	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>		_____	_____

Will there be:

Vehicles in Garage Make _____ Model _____ Year _____ Color _____
 Make _____ Model _____ Year _____ Color _____
 Vehicles in Drive Make _____ Model _____ Year _____ Color _____
 Make _____ Model _____ Year _____ Color _____

Animals on Property Inside Outside Name of Pet _____

Is anyone to be at the residence during the day? Yes No
 Is anyone to be at the residence during the night? Yes No

Name, address, telephone# _____

Special Remarks _____
